| Disclosure Repor   |  |                            |                      |  |                        |  | Amendment Yes  | No No   |
|--|--|----------------------------|----------------------|--|------------------------|--|--|---|
| Use this form for general i                                | eport and committee  | informat                   | ion, must be         | signed a   | ınd sut                | omitted along with   | other detailed form  | ıs.   |
| Do not use this form to up                                 |  | Daniel State (State State) |                      |  | ortuges/ts/64kg        |  |  |   |
| 1. Committee Informatio                                    | n  |                            |                      |  |                        |  | in the second of |   |
| a. Full Name   |  |                            |                      |  |                        |  | c. ID Number   |   |
| Committee to Elect Jeff T                                  | aylor  | . •                        | RECEIVE              | D JAN  | 1 2 20                 | 110  | 9C   | D165  |
| b. Mailing Address (include Ci                             | ty, State and Zip Code)  |                            |                      |  |                        |  | d. Date Filed  |   |
| PO Box 12631<br>New Bern NC 28561                          |  |                            |                      |  |                        |  | 01/1   | 1/2011  |
|  |  |                            |                      |  |                        |  | e. Phone Number  | ŗ   |
|  |  |                            |                      |  |                        |  | (252)  | 474-6288  |
| 2. Report Year 3. Pe                                       | riod Start Date (mm/d  | ld/yy)                     | 4. Period (mm/dd/yy) | The state of the s | e                      | 5. Treasurer Fu  | ıll Name   |   |
| 2010   | 10/17/2010   |                            |                      | 31/2010  |                        | LORI ANN GR  | ADY WORLEY   |   |
| 6. Type of Committee (C                                    | neck One)  | 9. Tvr                     | <br> e of Report     | (ch  | eck or                 | lly one type of repo   | ort from one catego  | av)   |
| Candidate Campaign   | Party  | Munici                     |                      |  | State/C                |  | Referendum   | A to a start Lower Lower Country and Law Assessment Special |
| PAC  | Referendum   |                            | Organizationa        | 1  |                        | Organizational   | Organizatio  | onal  |
| Independent Expenditure Legal Expense Fund                 | Joint Fundraiser   |                            | Thirty-five da       | y  |                        | Quarterly  | Pre-referen  | dum   |
|  | plicable, check one)   | П                          | Pre-primary          |  | П                      | First  | Final  |   |
| "Booster Fund"   | Commence A service of the service and a service a service of the s |                            | Pre-election         |  | Ħ                      | Second   | Supplemen  | ital Final  |
| Building Fund  |  |                            | Pre-runoff           |  |                        | Third  | Annual   |   |
|  |  |                            | Semi-annual          |  | $\overline{\boxtimes}$ | Fourth   | Special  |   |
| _  |  |                            | Mid Yea              | r  |                        | Semi-annual  |  |   |
| Other:   |  |                            | Year End             | i  |                        | Mid Year   | 10. Special Re   | port Name   |
| N.C. N. C. P. C. N. C. |  |                            | Final                |  |                        | Year End   |  |   |
| 8. Number of Fundraiser                                    | s this Report  |                            | Special              |  |                        | Fina <b>l</b>  |  |   |
| 0  |  |                            |                      |  |                        | Special  |  |   |
| 11. Account Information                                    |  |                            |                      | 11. Acc  | ount                   | Information  |  |   |
| a. Financial Institution Full Nat                          | ne   |                            |                      | a. Financ  | cial Inst              | itution Full Name  | ·  |   |
| FIRST CITIZENS BANK  |  |                            |                      |  |                        |  |  |   |
| b. Purpose CAMPAIGN  | c. Account Code  |                            |                      | b. Purpo   | se                     |  | c. Account Cod   | e   |
| CAMPAIGN   | 9CD1   | 165                        |                      |  |                        |  |  |   |
|  | d. Period Begin Balance  | !                          |                      |  |                        |  | d. Period Begin  | Balance   |
|  | \$ 10,390.67   |                            |                      |  |                        |  | \$   |   |
| CERTIFICATION  |  |                            |                      |  |                        |  |  |   |
| I certify that the Committee                               | or Fund is in compli   | ance wit                   | h all applica        | ıble provi   | isions                 | of Article 22A, 221  | B, & 22D-22M of 0  | Chapter 163 of  |
| the NC General Statutes an                                 | d that no funds are co   | mmingle                    | ed with prob         | ibited or  | other:                 | non-disclosed fund   | ls. I further certify t  | hat this report   |
| is complete, true and correct                              |  | trained                    | by the INC S         | tate Boa   | rd of A                | Elections.   | •  | -   |
| LORI GRADY W   |  |                            |                      |  | 411                    | XVIII  | 01/11/2011   |   |
| ······   | ted Name of Signer   |                            | S                    | gnature of   | Appoin                 | ed-Peasurer  | Date   |   |
| FOR OFFICE USE ONLY  |  |                            |                      |  |                        |  | Delivery Method  |   |
| Date Received:   |  |                            | Employee:            | _  |                        |  | Normal Ma  |   |
| Date Postmarked:   |  |                            | Employee:            | _  |                        |  | Registered Hand Deliv  | Mail  |
| Date Scanned:  |  |                            | Employee:            | _  |                        | MARKET MA | Electronica  |   |
| Date Data Entered:   | 3105-3-530-5-0-0-10-0-0-0-1-1-1-1-1-1-1-1-1-1-1-1  |                            | Employee:            | _  |                        | MANAL SECTION  | mandatory  |   |
| Please Note: This form                                     | cannot be used to am   | end com                    | mittee infor         | mation s   | uch as                 | the committee add  | ress freasurer assi  | stant treasurer   |
|  | will   |                            |                      |  | 11 660                 |  | ,  |   |

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

custodian of books information, or account information.

Amendment Yes No

**Detailed Summary**Use this form to summarize all disclosure reporting forms and to total monetary information.

| 1. Committee Full Name (and Fund if applicable)                   | 2. Type of Report    | 1417/32/14/21 | Contraction (Contraction)      | 3. ID N | umber                                   |
|---|----------------------|---------------|--------------------------------|---------|---|
| Committee to Elect Jeff Taylor                                    | Quarterly Report     |               |                                | 9CD165  | <b>.</b>                                |
| Start of Election Cycle: January 1,                               | 2010                 |               | Total this<br>Reporting Period |         | Total this Election Cycle               |
| 4) Cash on Hand at Start  |                      | \$            | 10,390.67                      | \$      | 0.00                                    |
| RECEIPTS  |                      |               |                                |         |   |
| 5) Aggregated Contributions from Individuals                      | (CRO-1205)           | \$            | 0.00                           | \$      | 1,311.26                                |
| 6) Contributions from Individuals                                 | (CRO-1210)           | \$            | 700.00                         | \$      | 8,065.00                                |
| 7) Contributions from Political Party Committees                  | (CRO-1220)           | \$            | 0.00                           | \$      | 1,000.00                                |
| 8) Contributions from Other Political Committees                  | (CRO-1230)           | \$            | 500.00                         | \$      | 7,550.00                                |
| 9) Loan Proceeds  | (CRO-1410)           | \$            | 0.00                           | \$      | 0.00                                    |
| 10) Refunds/Reimbursements To the Committee                       | (CRO-1240)           | \$            | 0.00                           | \$      | 0.00                                    |
| 11) Other Receipt Sources   |                      |               |                                |         |   |
| 11a) Interest on Bank Accounts                                    | (CRO-1250)           | \$            | 0.00                           | \$      | 0.00                                    |
| 11b) Contributions from Not-for-Profit Organization               | ıs <i>(CRO-1250)</i> | \$            | 0.00                           | \$      | 0.00                                    |
| 11c) Outside Sources of Income                                    | (CRO-1250)           | \$            | 0.00                           | \$      | 0.00                                    |
| 11d) Legal Expense Fund – Other Sources                           | (CRO-1270)           | \$            | 0.00                           | \$      | 0.00                                    |
| 11 e) Exempt Purchase Price Sales                                 | (CRO-1265)           | \$            | 0.00                           | \$      | 0.00                                    |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,   | 11d and 11e)         | \$            | 1,200.00                       | \$      | 17,926.26                               |
| <u>EXPENDITURES</u>   |                      |               |                                |         |   |
| 13) Disbursements   |                      |               |                                |         |   |
| 13a) Operating Expenditures                                       | (CRO-1310)           | \$            | 8,831.34                       | \$      | 14,966.93                               |
| 13b) Contributions to Candidates/Political Committee              | es (CRO-1310)        | \$            | 0.00                           | \$      | 0.00                                    |
| 13c) Coordinated Party Expenditures                               | (CRO-1310)           | \$            | 0.00                           | \$      | 0.00                                    |
| 14) Aggregated Non-Media Expenditures                             | (CRO-1315)           | \$            | 0.00                           | \$      | 0.00                                    |
| 15) Loan Repayments   | (CRO-1420)           | \$            | 0.00                           | \$      | 0.00                                    |
| 16) Refunds/Reimbursements From the Committee                     | (CRO-1320)           | \$            | 0.00                           | \$      | 0.00                                    |
| 17) In-Kind Contributions   | (CRO-1510)           | \$            | 0.00                           | \$      | 200.00                                  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,          | 16 and 17)           | \$            | 8,831.34                       | \$      | 15,166.93                               |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtra | ict line 18)         | \$            | 2,759.33                       | \$      | 2,759.33                                |
| ADDITIONAL INFORMATION  |                      |               |                                |         |   |
| 20) Non-Monetary Gifts Given to Other Committees                  | (CRO-1330)           | \$            | 0.00                           |         |   |
| 21) Outstanding Loans (incl. ones from other campaigns)           | (CRO-1430)           | \$            | 0.00                           |         |   |
| 22) Debts and Obligations owed By the Committee                   | (CRO-1610)           | \$            | 2,672.21                       |         |   |
| 23) Debts and Obligations owed To the Committee                   | (CRO-1620)           | \$            | 0.00                           |         |   |
| 24) Account Transfers Within the Committee                        | (CRO-1720)           | \$            | 0.00                           |         |   |
| 25) Administrative Support  | (CRO-1710)           | \$            | 0.00                           | \$      | 0.00                                    |
| 26) Forgiven Loans  | (CRO-1440)           | \$            | 0.00                           | \$      | 0.00                                    |
| 27) 48-Hour Notice Reports Sum                                    | (CRO-2200)           | \$            | 0.00                           | \$      | 0.00                                    |
| 28) Contributions to be Refunded                                  | `                    |               |                                |         | 1 10 1 10 10 10 10 10 10 10 10 10 10 10 |
| Zon Contributions to be Refullueu                                 | (CRO-1215)           | \$            | 0.00                           | \$      | 0.00                                    |

|  |   | in individuals  | Φ.E                                    | Pg                      |  |               | ∐ Yes       | No.     |
|--|---|---|--|-------------------------|--|---------------|-------------|---------|
| A CONTRACTOR OF THE PARTY OF TH | ACTUAL CONTRACTOR OF THE PARTY | ividual contributions of and Fund if applica  |  | 0 or contributions unc  | ler \$50 if form CR                                | O 1205 is n   |             |         |
|  | tee to Elect Jeff Ta  |   | Diegraphic                             |                         | anderstage at east, it may enter a proceed of 1969 |               | 9CD165      |         |
| 3. Contr   | ibutor Informati  | on  |  | Add Re                  | move   |               |             |         |
| a. Full Nar  | me, Mailing Address   | & Phone   | ************************************** | b. Job Title/Profession |  | d. Commer     | nts         |         |
| (include   | city, state, & zip)   |   |  | Insurance Agent         |  |               |             |         |
| Marc C.  | Jessup  |   |  | Self-Employed           |  |               |             |         |
| PO Box 12890   |   |   |  | c. Employer's Name/S    | pecific Field                                      | 1             |             |         |
| New Ber  | n, NC 28561   |   |  | Self-Employed           |  |               |             |         |
| 252-638-   | ·9000   |   |  |                         |  | e. Election   | Sum to Date |         |
|  |   |   |  |                         |  | \$            | 200.00      |         |
| f. Prior   | g. Account Code   | h. Form of Payment  | i. In-I                                | Kind Description        | j. Date (mm/dd/yy                                  | ууу)          | k. Amount   |         |
|  | 1   | Check   |  |                         | 10/19/2  | 010           | \$          | 150.00  |
|  |   |   |  |                         |  |               | \$          |         |
|  |   |   |  |                         |  |               | \$          |         |
| market free contract to the contract of  | ibutor Informatio   | Silvania in vivolitizativa aktivitilikki Silvania italia  |  | Add Re                  | move   |               |             |         |
| a. Full Nan  | ne, Mailing Address d   | & Phone   |  | b. Job Title/Profession |  | d. Commen     | ıts         |         |
|  | city, state, & zip)   |   |  | Retired                 |  |               |             |         |
| Joy P. Du  |   |   |  |                         |  |               |             |         |
| 3104 Cor   | iander Dr   |   |  | c. Employer's Name/Sp   | pecific Field                                      | .]            |             |         |
|  | n, NC 28562   |   |  |                         |  |               |             |         |
| 252-638-3  | 3172  |   |  |                         |  | e. Election   | Sum to Date |         |
|  |   |   |  |                         |  | \$            | 50.00       |         |
| f. Prior   | g. Account Code   | h. Form of Payment  | i. In-F                                | Kind Description        | j. Date (mm/dd/yy                                  | /yy)          | k. Amount   |         |
|  | 1   | Check   |  |                         | 10/19/2  | 010           | \$          | 50.00   |
|  |   |   |  |                         |  |               | \$          |         |
|  |   |   |  |                         |  |               | \$          |         |
| discontinuo resistanti di mobile in  | butor Informatio  | the profit was to a second of the second of |  | Add Rei                 | move and the                                       |               |             | g water |
|  | ne, Mailing Address &   | & Phone   |  | b. Job Title/Profession |  | d. Commen     | ıts         |         |
|  | city, state, & zip)   |   |  | Real Estate Develo      | per/Builder  |               |             |         |
|  | itchell Brydge  |   |  |                         |  |               |             |         |
|  | . Glenburnie Rd   |   |  | c. Employer's Name/Sp   | pecific Field                                      |               |             |         |
|  | n NC, 28562   |   |  | Self-Employed           |  |               |             |         |
| 252-670-5  | 5619  |   |  |                         |  | e. Election S | Sum to Date |         |
|  |   |   |  |                         |  | \$            | 250.00      |         |
| f. Prior   | g. Account Code   | h. Form of Payment  | i. In-K                                | Kind Description        | j. Date (mm/dd/yy                                  | уу)           | k. Amount   |         |
|  | 1   | Check   |  |                         | 10/26/20   | 010           | \$          | 250.00  |
|  |   |   |  |                         |  |               | \$          |         |
|  |   |   |  |                         |  |               | \$          |         |
| 4. Total   | only this Page  | 3   | 121                                    |                         |  | \$            |             | 450.00  |
|  | of ALL CRO-   |   |  |                         |  | \$            |             | 700.00  |
| (This line   | must be on line 6 of 1  | Detailed Summary Page Ci  | <i>RO-1100)</i>                        |                         |  |               |             |         |

Amendment

|                                 |  | m Individuals lividual contributions   | over \$5                               |  | g <u>2</u> of oder \$50 if form CR | .O 1205 is no | Amendment  Yes  Ot used                | ⊠ No   |
|---------------------------------|--|--|--|--|------------------------------------|---------------|--|--------|
| 1. Comn                         | nittee Full Name                             | (and Fund if applica   | ble)                                   |  |                                    | 2. ID Nur     | nber                                   |        |
| Committ                         | tee to Elect Jeff Ta                         |  | 9CD165                                 |  |                                    |               |  |        |
| ne diskare i kemin historian di | ibutor Informati                             | - produce of the experience of the first of  |  | Add 🔲 R                                | emove                              |               | aug altiga gend                        | 0.00   |
|                                 | me, Mailing Address                          | & Phone  |  | b. Job Title/Professio                 | n                                  | d. Commen     | ts                                     |        |
|                                 | e city, state, & zip)<br>ee Strickland       |  | · · · · · · · · · · · · · · · · · · ·  | Retired                                |                                    |               |  |        |
|                                 | untry Club Dr                                |  |  | c. Employer's Name/                    | Specific Field                     | _             |  |        |
|                                 | oods, NC 28562                               |  |  |  |                                    |               | · · · · · · · · · · · · · · · · · · ·  |        |
| 252-633-                        | .1999  |  |  |  |                                    | e. Election S | Sum to Date                            |        |
|                                 |  |  |  |  |                                    | \$            | 250.00                                 |        |
| f. Prior                        | g. Account Code                              | h. Form of Payment   | i. In-I                                | Kind Description                       | j. Date (mm/dd/yy                  | /уу)          | k. Amount                              |        |
|                                 | 1  | Check  |  |  | 10/26/2                            | 010           | \$                                     | 250.00 |
|                                 |  |  |  |  |                                    |               | \$                                     |        |
|                                 |  |  |  |  |                                    |               | \$                                     |        |
| 3. Contri                       | ibutor Informatio                            | on a said  |  | Add 🔲 Ro                               | emove                              |               |  |        |
|                                 | ne, Mailing Address                          | & Phone  | ************************************** | b. Job Title/Professio                 | n                                  | d. Comment    | ts                                     |        |
| (include                        | city, state, & zip)                          |  |  |  |                                    |               |  |        |
|                                 |  |  |  | c. Employer's Name/S                   | Specific Field                     | -             |  |        |
|                                 |  |  |  | - F- J                                 |                                    |               |  |        |
|                                 |  |  |  |  |                                    | e. Election S | um to Date                             |        |
|                                 |  |  |  |  |                                    | \$            |  |        |
| f. Prior                        | g. Account Code                              | h. Form of Payment   | i. In-k                                | Kind Description                       | j. Date (mm/dd/yy                  | уу)           | k. Amount                              |        |
|                                 |  |  |  |  |                                    |               | \$                                     |        |
|                                 |  |  | ļ                                      |  |                                    |               | \$                                     |        |
|                                 |  |  |  |  |                                    |               | \$                                     |        |
| #15.4#C#18F#AACGANFO            | butor Informatio                             | And the property of the control of t |  | ************************************** | emove                              |               | 30000000000000000000000000000000000000 |        |
|                                 | ie, Mailing Address &<br>city, state, & zip) | & Phone  |  | b. Job Title/Profession                | 1                                  | d. Comment    | <u>s</u>                               |        |
| (include)                       | origination (Co. Exp)                        |  |  | -                                      |                                    |               |  |        |
|                                 |  |  |  | c. Employer's Name/S                   | pecific Field                      |               |  |        |
|                                 |  |  |  |  |                                    | e. Election S | um to Date                             |        |
|                                 |  |  |  |  |                                    | \$            |  |        |
| f. Prior                        | g. Account Code                              | h. Form of Payment   | i. In-K                                | ind Description                        | j. Date (mm/dd/yy                  | уу)           | k. Amount                              |        |
|                                 |  |  |  |  |                                    |               | \$                                     |        |
|                                 |  |  |  | 40 ,                                   |                                    | 11            | \$                                     |        |
|                                 |  |  |  |  |                                    |               | \$                                     |        |
| 4. Total                        | only this Page                               | ð  |  |  |                                    | \$            |  | 250.00 |
|                                 | of ALL CRO                                   | -1210 Pages  | DO 1100                                |  |                                    | \$            |  | 700.00 |

## **Contributions from Other Political Committees**

γσ 1

of

Amendment

Yes

No

Use this form to report contributions from other candidate, referendum or PAC committees

|                       | l Name (and Fund if applicab             | ole)                                     |  |  | 2, ID       | Number                                  |
|-----------------------|--|--|--|--|-------------|---|
| COMMITTEE TO          | DELECT JEFF TAYLOR                       |  |  |  |             | 9CD165                                  |
| 3. Contributor In     | formation                                |  | Add 🗌 Rei  | move   |             |   |
| a. Full Name, Mailing |  |  | b. Type of Committee   |  | d. Com      | ments                                   |
| (include city, state, |  |  | Candidate  |  |             |   |
| Home Builders A       |  |  | Referendum   |  |             |   |
| PO Box 14021          | lico Counties, PAC                       |  | c. Level Registered (Specify Federal   | County:  |             |   |
| New Bern NC 28:       | 561                                      |  | State  | Municipality:  | e. Elect    | ion Sum to Date                         |
| New Belli Ne 20.      | 701                                      |  | Name State   |  |             |   |
|                       |  |  |  |  | \$          | 500.00                                  |
| f. Account Code       | g. Form of Payment                       | h. In-Kine                               | d Description  | i. Date (mm/dd/yyyy  | )           | j. Amount                               |
| 1                     | Check                                    |  |  | 12/09/2010   |             | \$ 500.00                               |
|                       |  |  |  |  |             | \$                                      |
|                       |  |  |  |  |             | \$                                      |
| 3. Contributor In     | formation                                | П  | Add [] Rei   | move   |             |   |
| a. Full Name, Mailing | A-1-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | en e | b. Type of Committee   | THE PARTY OF THE P | d. Com      | ments                                   |
| (include city, state, |  |  | Candidate  | PAC  |             |   |
|                       |  |  | Referendum   |  |             |   |
|                       |  |  | c. Level Registered (Specify   | <u> </u>   |             |   |
|                       |  |  | Federal Federal  | County:  |             |   |
|                       |  |  | State  | Municipality:  | e. Elect    | tion Sum to Date                        |
|                       |  |  |  |  | \$          |   |
| f. Account Code       | g. Form of Payment                       | h. In-Kind                               | d Description  | i. Date (mm/dd/yyyy  | )           | j. Amount                               |
|                       |  |  |  |  |             | \$                                      |
|                       |  |  |  |  |             | \$                                      |
|                       |  |  |  |  |             | \$                                      |
| 3, Contributor In     | formation                                |  | Add Rei  | move   | 1659184.024 | 100000000000000000000000000000000000000 |
| a. Full Name, Mailing | Address & Phone                          |  | b. Type of Committee   |  | d. Com      | ments                                   |
| (include city, state, | & zip)                                   |  | Candidate  | PAC  |             |   |
|                       |  |  | Referendum   |  |             |   |
|                       |  |  | c. Level Registered (Specify   |  | _           |   |
|                       |  |  | Federal  | County:  | a Floor     | tion Sum to Date                        |
|                       |  |  | State  | Municipality:  |             | non Sum to Date                         |
|                       |  |  |  |  | \$          |   |
| f. Account Code       | g. Form of Payment                       | h. In-Kind                               | l Description  | i. Date (mm/dd/yyyy  | )           | j. Amount                               |
| 1 .                   |  |  |  |  |             | \$                                      |
|                       |  |  |  |  |             | \$                                      |
|                       |  |  |  |  |             | \$                                      |
| 4. Total only this    | Page                                     |  |  |  | \$          | 500.00                                  |
| 5. Total of ALL C     | RO-1230 Pages                            |  | and the contract of the contra |  | _           | <b>700.00</b>                           |
|                       | n line 8 of Detailed Summary Page Cl     | RO-1100)                                 |  |  | \$          | 500.00                                  |

| Amendment |          |    |
|-----------|----------|----|
| Ves       | $\nabla$ | No |

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|  | Full Name (and Fun              | d if applicable)   | /430.Y          |  |   |                         | 2. ID Number                        |
|--|---------------------------------|--|-----------------|--|---|-------------------------|-------------------------------------|
| Committee to Elect Jeff Taylor   |                                 |  |                 |  |   |                         | 9CD165                              |
| 3. Type of Disb  |                                 |  |                 | 0-1310 forms for each t  |   |                         |                                     |
| Operating E  |                                 | Contributions to Car   |                 | dates/Political Committees   |   | ordinated               | d Party Expenditures                |
| 4. Payee Inform  |                                 |  |                 | Add 🔲  | Remove  |                         |                                     |
|  | ing Address & Phone             |  | b               | o. Coordinated Committee N   | ame   | d. Co                   | mments                              |
| (include city, state,  |                                 |  |                 |  |   |                         |                                     |
| Lowe's Home In   | -                               |  |                 |  |   |                         |                                     |
| New Bern NC 2  | 28562                           |  | e               | . Level Registered (Specify)   |   |                         |                                     |
|  |                                 |  | [               | Federal  | County:   |                         |                                     |
|  |                                 |  |                 | State  | Municipality:   | e. Ele                  | ction Sum to Date                   |
|  |                                 |  |                 |  |   | \$ 1                    | 28.12                               |
|  |                                 |  |                 |  |   | 1 D 1                   | 20.12                               |
| f. Account Code  | g. Form of Payment              | h. Purpose Code  |                 | i. Date (mm/dd/yyyy)   | j. Amount   | k. Rec                  | guired Remarks                      |
| 1  | VISA/Debit                      | 0  |                 | 10/21/2010   | ¢77 04  | Sign                    | materials                           |
| 1  | VISA/DOM                        |  |                 | 10/21/2010   | \$77.94   | ļ                       |                                     |
| 1  | VISA/Debit                      |  |                 | 11/0/0010  | 007.00  | Sign                    | materials                           |
| 1  | VISA/Deon                       | 0  |                 | 11/2/2010  | \$27.80   | -                       |                                     |
| 4. Payee Inform  | nation                          |  | Ī               | Add  | Remove  |                         |                                     |
|  | ing Address & Phone             | A CONTRACTOR OF THE PARTY OF TH |                 | . Coordinated Committee Na   |   | 1                       | mments                              |
| (include city, state,  | _                               |  |                 |  |   |                         |                                     |
| Captain Ratty's  |                                 | ***************************************  | 1               |  |   |                         |                                     |
| 202 Middle Stre  |                                 |  | c               | . Level Registered (Specify)   |   |                         | ·                                   |
| New Bern, NC 2   |                                 |  | Г               | Federal  | County:   |                         |                                     |
| 252-633-2088   | 20302                           |  |                 | State  | Municipality:   | a Flor                  | ction Sum to Date                   |
| 232-035 2000   |                                 |  | <u>_</u>        |  | Municipanty.  | C. Egg.                 | Mon Sum to Date                     |
|  |                                 |  |                 |  |   | \$ 4                    | 39.81                               |
| f. Account Code  | g. Form of Payment              | h. Purpose Code  | Щ               | The form of distance of  |   | 1. Dar                  | ) and                               |
| I. Account Code  | g. Form of Fayment              | II. I III pose Code  |                 | i. Date (mm/dd/yyyy)   | j. Amount   | _                       | quired Remarks                      |
| 1  | VISA/Debit                      | 0  | ŀ               | 10/22/2010   | \$45.00   | Camp                    | paign Mtgs                          |
|  |                                 |  |                 |  |   |                         |                                     |
| 1  | VISA/Debit                      | O  | ļ               | 11/3/2010  | \$41.50   | Camp                    | paign Mtg                           |
|  |                                 |  |                 |  |   | - to Policy of the dis- |                                     |
| 4. Payee Inform  |                                 |  | 7               | \dd  | Remove  | A HAVE TO               | Establish Properties                |
|  | ng Address & Phone              | !  | b               | . Coordinated Committee Na   | ame   | d. Cor                  | mments                              |
| (include city, state, a  |                                 |  |                 |  |   |                         |                                     |
| Monte Enterpris  |                                 | !  | L               |  |   |                         |                                     |
| 3204 Neuse Bou   | ılevard                         | !  | c.              | Level Registered (Specify)   |   |                         |                                     |
| New Bern, NC 2   | 28560                           | !  | Federal County: |  |   |                         |                                     |
| (252) 637-5803   |                                 | !  |                 | State  | Municipality:   | e. Elec                 | ction Sum to Date                   |
| •  |                                 | 1  |                 |  |   | - A                     | ^                                   |
|  |                                 | )  |                 |  |   | \$ 2,                   | ,015.58                             |
| f. Account Code  | g. Form of Payment              | h. Purpose Code  | $\Box$          | i. Date (mm/dd/yyyy)   | j. Amount   | k. Req                  | juired Remarks                      |
| 4  | 7770 4 /50 1 14                 |  |                 |  |   |                         | material                            |
| 1  | VISA/Debit                      | В  |                 | 11/4/2010  | \$40.95   |                         | 111414.14.                          |
|  |                                 |  |                 |  | 1   |                         |                                     |
|  |                                 | Į.   | ļ               |  | \$  |                         |                                     |
| 5. Total only this   | c Done                          | Mgraga area area area area   | 233             | VALUE OF THE STATE |   | \$                      | 233.19                              |
| and the first of the second se | CRO-1310 Pages                  |  | AND A           |  | A CARL ON THE STREET OF STREET  | φ                       | 233.17                              |
|  | line 13a of Detailed Sum        | umaro Pago CRO-1100  | siissi<br>N if  | Onaratina Evnanças)  | Marie Control of the |                         |                                     |
|  |                                 |  |                 | Operaung Expenses)<br>Contrib to Candidates/Politica   | -1 (  | \$                      | 8,831.34                            |
|  |                                 |  |                 | Contrib to Canaidates/Politica<br>Coordinated Party Expenditus   |   |                         | ·                                   |
|  |                                 |  |                 |  | res)  | SAMPLE NO SAME          |                                     |
|  | es (List detailed exp           |  |                 |  | D T 4-4-  | <u> </u>                | • •                                 |
| A* - Media<br>E - Salaries   | B* - Printing<br>F* - Equipment | C* - Fund<br>G - Politic   |                 |  | D - To Another  |                         |                                     |
| I - Postage  | J - Penalties                   | K* - Offic   |                 |  |   |                         | Office Expenses<br>gal Expense Fund |
| O* - Other   | o - i characo                   | IL - OIM   | ند تا           | whenses  | Q - Donation  | io neg                  | zai expense runa                    |
| ena programa no estratorio de mentro estratorio de la composito de la composit | e detailed explanation          | on in required re  | mi              | arks field (k)   |   |                         |                                     |

| ÷   |  |   |            |                         |   |                    |                                | Amandmant  |                       |               |
|---|--|---|------------|-------------------------|---|--------------------|--------------------------------|--|-----------------------|---------------|
| Disbursem   | aents  |   |            |                         | Pg                                      | 1 of               | <u>3</u>                       | Amendment<br>Yes   | $\boxtimes$           | No            |
| Use this form to                                    | o report expenditures  | s from the committ                        | tee f      | for; operating exp      | enses.                                  | , contributions to | candidate                      | e/political  | <u> </u>              |               |
| committees and                                      | d coordinated party ex   | xpenditures.                              |            |                         |   |                    |                                | 1  |                       |               |
|   | Full Name (and Fun   | ıd if applicable)                         | Sake       |                         | 400 - 100 vij                           |                    |                                | 2. ID Number   |                       |               |
| Suppliers Manager Contract Contract NEW Accommunity | Elect Jeff Taylor  |   | m 20002190 |                         | -11 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 |                    |                                | 9CD1   | 65                    |               |
| 3. Type of Dist                                     | oursement (Plea  | ase use separate C                        |            |                         |   |                    |                                |  | fore m                |               |
| Operating 1   |  | Contributions to Car                      |            | lates/Political Committ | tees                                    |                    | Coordinated I                  | Party Expenditure  | S                     |               |
| 4. Payee Inform                                     |  |   | ****       | dd                      | <b>S S S</b>                            | Remove             | 1 (2) (A2) (B3) (B3) (B3) (B3) | 30 30 30 to 50 to  |                       |               |
|   | iling Address & Phone  |   | b.         | . Coordinated Comm      | ittee N                                 | ame                | d. Com                         | ments  |                       |               |
| (include city, state                                |  |   | 4          |                         |   |                    |                                |  |                       |               |
| Distinctive Pho                                     | oto images   |   |            |                         |   |                    |                                |  |                       |               |
| 110 Doe Lane<br>New Bern NC                         | 00570  |   | C.         | Level Registered (Sp    | ecify)                                  | _                  | _                              |  |                       |               |
| 252-675-1631  | 28502  |   | 1 -        | Federal                 | H                                       | County:            |                                |  |                       |               |
|   |  |   | -          | State                   |   | Municipality:      | e. Electi                      | ion Sum to Date  |                       |               |
|   |  |   |            |                         |   |                    | \$ 32                          | 3.25   |                       |               |
| f. Account Code                                     | g. Form of Payment   | h. Purpose Code                           |            | i. Date (mm/dd/yyy      | y)                                      | j. Amount          |                                | ired Remarks   |                       |               |
| 1   | Check  | A   |            | 10/29/2010              |   | \$323.25           | Photos<br>Print n              |  |                       |               |
|   |  |   |            |                         |   | <b>d</b>           | FILL                           | leuia  |                       |               |
|   |  | Tables                                    | 23566      |                         | 75 <b></b>                              | \$                 |                                |  |                       |               |
| 4. Payee Inform                                     | The second secon | 5 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | 1          | dd                      |   | Remove             |                                |  |                       |               |
|   | ling Address & Phone   | ı   | b.         | Coordinated Commi       | ittee Na                                | ame                | d. Comr                        | nents  | <del></del>           |               |
| (include city, state,                               |  |   | -          |                         |   |                    |                                |  |                       |               |
| Captain Ratty's 202 Middle Stre                     |  | 1   |            |                         |   |                    | _                              |  |                       |               |
|   |  | !   | c.         | Level Registered (Sp    | ecify)                                  |                    | _                              |  |                       |               |
| New Bern, NC:                                       | 28362  | I   | L          | ] Federal               | Щ                                       | County:            |                                |  |                       |               |
| 252-633-2088  |  | l   | <u> </u>   | State                   |   | Municipality:      | e. Election                    | on Sum to Date   |                       |               |
|   |  | <b>[</b>                                  |            |                         |   |                    | \$ 439                         | 9.81   |                       |               |
| f. Account Code                                     | g. Form of Payment   | h. Purpose Code                           |            | i. Date (mm/dd/yyyy     | у)                                      | j. Amount          | k. Requi                       | ired Remarks   |                       |               |
| 1   | VISA/Debit   | 0   |            | 12/2/2010               |   | \$353.31           |                                | ign Mtgs   |                       |               |
|   | 1000   |   |            | 12/2/2010               |   | 10.000             | Volunt                         | . Apprec.  |                       |               |
|   |  |   |            |                         |   | \$                 |                                |  |                       |               |
| 4. Payee Inform                                     | ation  |   | Ac         | id                      |   | Remove             |                                | Section 18 and 18 a | prints and            |               |
| a. Full Name, Maili                                 | ing Address & Phone  |   | ,          | Coordinated Commit      | ttee Na                                 |                    | d. Comn                        | aents  | <u>Opposition con</u> | 1 is feligray |
| (include city, state,                               | & zip)   |   |            |                         |   |                    |                                |  |                       |               |
| The Emerald Go                                      | olf Club   |   |            |                         |   |                    |                                |  |                       |               |
| 5000 Clubhouse                                      | : Drive  |   | c. I       | Level Registered (Spe   | ecify)                                  |                    |                                |  |                       |               |
| New Bern, NC 2                                      | 28560  |   |            | Federal                 |   | County:            |                                |  |                       |               |
| 252-633-4440  |  |   |            | State                   |   | Municipality:      | e. Electic                     | on Sum to Date   |                       |               |
|   |  | 1   |            | - <del>-</del>          |   |                    | \$ 932                         | 2.74   |                       |               |
| f. Account Code                                     | g. Form of Payment   | h. Purpose Code                           | $\top$     | i. Date (mm/dd/yyyy     | 1)                                      | j. Amount          | _                              | red Remarks  |                       |               |
| 1   | VISA/Debit   | 0   | $\top$     | 12/10/2010              |   | \$707.74           |                                | Apprec.  |                       |               |
|   | 1323-33  |   | +          | 12/10/2010              |   | \$107.74           | -                              |  |                       |               |
|   |  |   |            |                         |   | \$                 |                                |  |                       |               |
| 5. Total only thi                                   |  |   |            |                         |   |                    | \$                             | 1,384.30   |                       |               |
|   | CRO-1310 Pages   |   |            |                         |   |                    |                                |  |                       |               |
|   | line 13a of Detailed Sum   |   |            |                         |   |                    | \$                             | 8,831.34   |                       |               |
| (This line goes in l                                | line 13b of Detailed Sumi  | mary Page CRO-1100                        | if Co      | ontrib to Candidates/I  | Politica<br>                            | ıl Comm)           | <b>D</b>                       | 8,831.34   |                       |               |
|   | line 13c of Detailed Sumr  |   |            |                         | enditur                                 | ·es)               |                                |  | -                     | 2000 minutes  |
| A* - Media  | es (List detailed exp<br>B* - Printing   | enanure code in (r<br>C* - Fundr          |            |                         |   | D T 4 4            | 0 11                           |  |                       | 77            |
| E - Salaries  | F* - Equipment   | G - Politica                              |            |                         |   | D - To Anoth       |                                | ffice Expenses   |                       |               |
| I - Postage   | J - Penalties  | K* - Office                               |            |                         |   |                    |                                | Expense Fund   | Į                     |               |
| O* - Other  |  |   |            |                         |   | ~                  | 0                              | * · · · · · ·  |                       |               |

| Disbursem  |   |                    | Pg  | <u>1</u> of      |  |
|--|---|--------------------|---|------------------|--|
| Use this form to   | o report expenditures<br>I coordinated party ex | from the committ   | tee for; operating expenses,  | contributions to | candidate/political  |
| Control Contro | Full Name (and Fun                              |                    |   |                  | 2. ID Number   |
|  | Elect Jeff Taylor                               | <u> прричале</u>   | ALL MATERIAL CONTRACTOR OF THE STATE OF THE |                  | 9CD165   |
| 3. Type of Dist  |   | ise use separate C | RO-1310 forms for each t  | vpe of Disbursem |  |
| Operating 1  |   |                    | ndidates/Political Committees   |                  | ordinated Party Expenditures   |
| 4. Payee Infort  | mation  |                    | Add   | Remove           |  |
|  | ling Address & Phone                            |                    | b. Coordinated Committee Na   | ame              | d. Comments  |
| (include city, state   | , & zip)  |                    |   |                  |  |
| Shell Oil  |   |                    |   |                  |  |
| New Bern NC  | 20562   |                    | c. Level Registered (Specify)   |                  | _  |
| New Belli NC.  | 20302   |                    | Federal State   | County:          | DI C C C D   |
|  |   |                    | State   | Municipality:    | e. Election Sum to Date  |
|  |   |                    |   |                  | \$ 61.75   |
| f. Account Code  | g. Form of Payment                              | h. Purpose Code    | i. Date (mm/dd/yyyy)  | j. Amount        | k. Required Remarks  |
| 1  |   |                    |   |                  | Fuel/Election  |
| 1  | VISA/Debit                                      | О                  | 11/1/2010   | \$61.75          |  |
|  |   |                    |   | ¢.               |  |
|  |   |                    |   | \$               |  |
| 4. Payee Inform  |   |                    | Add   | Remove           |  |
|  | ing Address & Phone                             |                    | b. Coordinated Committee Na   | ame              | d. Comments  |
| (include city, state,  |   |                    |   |                  |  |
| The Stewart Gr   | oup, inc.                                       |                    |   |                  |  |
| Poloigh NC 27  | 1411  |                    | c. Level Registered (Specify)   |                  |  |
| Raleigh, NC 27 919-828-6455  | 011   |                    | Federal State   | County:          | El di C de P   |
| 919-020-0433   |   |                    | State   | Municipality:    | e. Election Sum to Date  |
|  |   |                    |   |                  | \$ 7,152.10  |
| f. Account Code  | g. Form of Payment                              | h. Purpose Code    | i. Date (mm/dd/yyyy)  | j. Amount        | k. Required Remarks  |
| 1  |   | F                  |   | -                | Brochures/Mail   |
| 1  | Check   | В                  | 12/17/2010  | \$7,152.10       |  |
|  |   |                    |   | ¢                |  |
|  |   |                    |   | \$               |  |
| 4. Payee Inform  |   |                    | Add   | Remove           |  |
| a. Full Name, Maili  | ing Address & Phone                             |                    | b. Coordinated Committee Na   | ime              | d. Comments  |
| (include city, state,  | & zip)  |                    |   |                  |  |
|  |   |                    |   |                  |  |
|  |   |                    | c. Level Registered (Specify)   |                  |  |
|  |   |                    | Federal State   | County:          | Electric Control   |
|  |   |                    | State   | Municipality:    | e. Election Sum to Date  |
|  |   |                    |   |                  | \$   |
| f. Account Code  | g. Form of Payment                              | h. Purpose Code    | i. Date (mm/dd/yyyy)  | j. Amount        | k. Required Remarks  |
|  |   |                    |   |                  |  |
|  |   |                    |   | \$               |  |
|  |   |                    |   | ¢                |  |
| No.  |   |                    |   | \$               |  |
| 5. Total only thi  | No.   |                    | paren   |                  | \$ 7,213.85  |
|  | CRO-1310 Pages                                  |                    |   |                  |  |
|  | line 13a of Detailed Sum                        |                    |   |                  | \$ 8,831.34  |
|  |   |                    | ) if Contrib to Candidates/Politica<br>) if Coordinated Party Expenditur  |                  |  |
|  | es (List detailed exp                           |                    |   | es)              |  |
| A* - Media   | B* - Printing                                   | C* - Fund          |   | D - To Anothe    | r Candidate  |
| E - Salaries   | F* - Equipment                                  | G - Politic        |   |                  | Public Office Expenses   |
| I - Postage  | J - Penalties                                   | K* - Offic         | e Expenses  |                  | to Legal Expense Fund  |
| O* - Other * Codes require   | a detailed                                      |                    |   |                  |  |
| cones reduit.  | e detailed explanati                            | vu iu requirea re  | marks Heid (K)  |                  | The state of the s |

Amendment

| <b>Debts and Oblig</b>                                   | ations Owed By the Co  | ommittee   | $\begin{array}{cccccccccccccccccccccccccccccccccccc$                                |  |  |  |  |
|--|--|--|---|--|--|--|--|
| 1. Committee Full Nam                                    | ny unpaid debts or obligations over (and Fund if applicable) | ved by the committee, to include   |   |  |  |  |  |
| Committee to Elect Jeff                                  |  |  | <b>2. ID Number</b><br>9CD165   |  |  |  |  |
| 3. Creditor Information                                  | ı Ado  | l Remove   |   |  |  |  |  |
| a. Full Name, Mailing Addre                              | ss & Phone   |  |   |  |  |  |  |
| (include city, state, & zip)                             |  |  | oward debts should be listed on form CRO-1310 with e payee listed as this creditor. |  |  |  |  |
|  | UTIONS/PRINT ELECT   |  | e payer fisiculas tilis eregitor.   |  |  |  |  |
| PO BOX 13216   | 2017   | b. Description of Creditor   |   |  |  |  |  |
| NEW BERN NC 28561-<br>252-633-3197                       | -3216  | Printing/Campaign sign   | ns  |  |  |  |  |
| 800-682-4500   |  | ·  |   |  |  |  |  |
| c. Beginning Balance                                     | d. Total Amount Paid   | e. Total Amount Incurred   | f. Remaining Balance  |  |  |  |  |
| \$ 2,672.21  | \$ 0.00  | \$ 2,672.21  | \$ 2,672.21   |  |  |  |  |
| g. Incurred Debts (what the c                            | ommittee received)   |  |   |  |  |  |  |
| g1. Date (mm/dd/yyyy)                                    | g2. Amount   | g1. Date (mm/dd/yyyy)  | g2. Amount  |  |  |  |  |
| 09/15/2010   | \$ 2,672.21  | 3 ( 2333)  | \$  |  |  |  |  |
| g3. Item Description                                     |  | g3. Item Description   |   |  |  |  |  |
| Campaign Signs   |  | ger and Description  |   |  |  |  |  |
| g4. Purchase Place Full Name                             | , Mailing Address & Phone                                    | g4. Purchase Place Full Nan  | ne, Mailing Address & Phone   |  |  |  |  |
| (include city, state, & zip)                             |  | (include city, state, & zip)   |   |  |  |  |  |
| DUNN'S OFFICE SOLU                                       | JTIONS   |  |   |  |  |  |  |
| PO BOX 13216   | 2217   |  |   |  |  |  |  |
| NEW BERN NC 28561-<br>252-633-3197                       | 3210   |  |   |  |  |  |  |
| 800-682-4500   |  |  |   |  |  |  |  |
| 3. Creditor Information                                  | Add  | Remove   |   |  |  |  |  |
| a. Full Name, Mailing Address                            |  | The state of the s |   |  |  |  |  |
| (include city, state, & zip)                             |  | Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.  b. Description of Creditor   |   |  |  |  |  |
|  |  |  |   |  |  |  |  |
|  |  |  |   |  |  |  |  |
| . Beginning Balance                                      | d. Total Amount Paid   | e. Total Amount Incurred   | f. Remaining Balance  |  |  |  |  |
| œ  |  |  |   |  |  |  |  |
|  | \$   | \$   | \$  |  |  |  |  |
| J. Doto (mm/dd/mm)                                       |  |  |   |  |  |  |  |
| g1. Date (mm/dd/yyyy)                                    | g2. Amount   | g1. Date (mm/dd/yyyy)  | g2. Amount  |  |  |  |  |
|  | \$   |  | \$  |  |  |  |  |
| 3. Item Description                                      |  | g3. Item Description   |   |  |  |  |  |
|  |  |  |   |  |  |  |  |
| 4. Purchase Place Full Name,                             | Mailing Address & Phone                                      | g4. Purchase Place Full Nam  | e, Mailing Address & Phone  |  |  |  |  |
| (include city, state, & zip)                             |  | (include city, state, & zip)   |   |  |  |  |  |
|  |  |  |   |  |  |  |  |
|  |  |  |   |  |  |  |  |
| . Total only this Page<br>(This should be the sum of all | (item 130 from this need)                                    | And the state of t | \$ 2,672.21   |  |  |  |  |
| . Total of ALL CRO-16                                    |  |  | \$ 2,672.21   |  |  |  |  |

Amendment